

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		2		/			53						
4		2		/			54						
5		1		/			55						
6		1		/			56						
7		1		/			57						
8		1		/			58						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9	↓	1	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	10	↓	8	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS